

0378: AN AUDIT TO ASSESS THE EFFICACY OF A DEDICATED UNIT FOR THE TREATMENT OF FRACTURED NECK OF FEMURS

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Fractured necks of femurs (#NOFs) are associated with high levels of morbidity and mortality. There is a proven link between rapid intervention and increased survival. We have established a dedicated unit for the treatment of #NOFs.

Aims: To prove that our dedicated centre decreases the time taken to operate and provides a consultant led, improved specialist service.

Methods: The time taken to treat a patient, the grade of surgeon operating, the time of the operation and the number of breached cases (those taking >36hrs to be completed) were recorded on a number of patients with #NOF (63) both before and after the creation of our dedicated centre.

Results: The time taken to treat was more than halved. Consultants performed more of the procedures. All cases were performed in normal working hours with a dedicated team. The number of breached cases was dramatically reduced.

Conclusions: A dedicated #NOF unit provides a safer and more efficient service for patients

0390: TRAUMA OPERATION NOTES: DOES A PROFORMA IMPROVE THE QUALITY OF DOCUMENTATION?

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Aims: To design, implement and audit a trauma proforma.

Methods: We retrospectively reviewed operation notes 1 month prior and 1 month after the proforma. Notes were scored according to criteria adapted from Royal College of Surgeons guidelines. These included documentation of patient demographics, date, time, consultant, name and grade of operating surgeons, anaesthetist and scrub nurse, and ASA grade. Also, the post-operative plan including requirement of antibiotics, thromboprophylaxis, check radiographs, suture removal and outpatient follow-up.

Results: Fifty operation notes were reviewed before and after implementation. After implementation, documentation of patient demographics, date, time, consultant, name and grade of operating surgeons, anaesthetist and scrub nurse, and ASA grade improved by 52%. Documentation of post-operative antibiotics thromboprophylaxis, check radiographs, suture removal and outpatient follow-up improved by 24%. Average total score pre-proforma was 52% which improved to 72% with the proforma.

Conclusions: Adequate information on operation notes is essential for medico-legal purposes. Also, many procedures are not performed by the team looking after the patient, emphasising the need for legible notes with clear post-operative instructions. Our results suggest that our proforma is fit for use and improves the quality of documentation. Continued use will optimise immediate, post-operative, pre-discharge and follow-up care of the patient, preventing delays in management/discharge.

0396: THE VALUE OF TIP APEX DISTANCE

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Aim: The longevity of the fixation in dynamic hip screw used to treat intertrochanteric fractures of the femur is dictated by correct placement of the screw. The purpose of this study was to measure the tip apex distance and compare it with the 'Gold Standard'.

Method: A retrospective audit was conducted in a District General Hospital. All consecutive patients operated over a six month period were included. Intra-operative and postoperative films were reviewed for DHS tip apex distance. The evidence of any failure was investigated on picture archive and communication system.

Results: There were 51 patients in total (16 males, 35 females). The average age was 80.3 years. The mean tip apex distance was 35.1mm with a range from 18.3 to 72.3mm. There was only one evidence of revision. Fourteen percent were within the guideline while 82 percent were outside the guideline. This information was not available in 2 cases.

Conclusion: The standard tip apex distance is less than 25mm. Unfortunately, majority of our cases fall outside the guideline and demonstrates

that care and attention is required in treating these fragile fractures. Though revision was required in only one patient, this should not make us complacent about the surgical technique.

0474: ANTI-BACTERIAL PERITONEAL LAVAGE REDUCES POST-OPERATIVE SURGICAL INFECTIONS FOLLOWING APPENDICECTOMY

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Aim: Debate remains regarding peritoneal lavage following appendectomy. We examined whether those patients who underwent appendectomy had any reduction in post-operative surgical infections with the use of peritoneal lavage (both saline & antibiotic) versus none.

Method: A retrospective study of the medical records between 2005 and 2010 of patients who underwent an appendectomy was performed. Type of lavage was recorded and then correlated to post-operative complications. Surgically significant infections were determined as those relating directly to the surgical wound, pelvic / abdominal collections and required treatment within the hospital.

Results: 342 cases of appendicitis were identified from the case records. 122 patients had no form of lavage following appendectomy, 82 patients who had lavage with saline solution only, 138 had antibiotic lavage solution. No allergic reactions were recorded. Post-operatively 27 patients developed surgical infections. Rates of infection within the groups were 8.2%, 11.0% and 5.8% respectively. (P=0.354)

Conclusion: Our results demonstrate further proof that there is a reduction in post-operative infective complications, albeit not statistically significant, when antibiotic lavage of the peritoneum is used. Whilst this is not a randomized control trial, it, along with other published data, suggests that there is a likely benefit to using antibiotic lavage.

0511: PROGNOSTIC VALUE OF DIGITAL RINGS IN PATIENTS IN SURGERY

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Aims: Digital jewelry can represent an expression of faith, heritage, culture, class and lifestyle and by tradition the upper limit of normal is 3 rings. Hospital surgical intakes provide a heterogeneous population spectrum and this study aimed to determine the prognostic significance of the number and distribution of digital rings.

Methods: Data were collected prospectively on 55 consecutive patients presenting acutely to a UK university teaching hospital (5 male, median age 52 years, range 16–89, IQR 30–72).

Results: Forty-six of the 55 patients (84%) wore digital jewelry, 21 (38%) wearing >3 rings. These patients were older (median 59 vs. 38 years, p=0.015); more frequent A&E attenders (8 vs. 5 attendances, p=0.049); less likely to complain of abdominal pain (19 vs. 76%, p<0.0001) and required less analgesia (opiate therapy 38 vs. 65%, p=0.05). The absence of a ring on the right index (p=0.034) or right little (p=0.049) finger was associated with socioeconomic deprivation. Ring number and distribution were not associated with diagnostic accuracy, number and breadth of investigations performed, or length of hospital stay.

Conclusion: The number and pattern of digital rings emerged as a potentially useful new clinical sign. A larger prospective study is justified to clarify this.

0549: CAN RCSENG STANDARDS FOR THE MANAGEMENT OF HIGH RISK GENERAL SURGICAL PATIENTS BE ACHIEVED IN UK HOSPITALS?

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Aims: An increasingly high risk patient population are undergoing emergency surgery. 2011's NCEPOD reported an unacceptably high mortality within this group. New RCSEng guidelines aim to formalise the emergency patients' clinical pathway to ensure optimal care by the appropriate level of clinician seniority. We retrospectively audited the practice in our DGH.

Methods: 100 emergency laparotomies performed over the last 18 months were audited for the following: seniority of operating/supervising surgeon